



Montgomery County, Maryland  
**MODERATELY PRICED  
DWELLING UNIT (MPDU) PROGRAM**  
DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS  
100 Maryland Avenue, Fourth Floor • Rockville, Maryland 20850 • 240-777-3600  
TTY: 240-777-3679 • Website: [www.montgomerycountymd.gov/mpdu](http://www.montgomerycountymd.gov/mpdu)



## RENTER'S AGREEMENT

**Instructions:** Renters must complete Section 1 and affix their signature(s) and Social Security Number(s) in Section 4. Leasing Agent must complete Sections 2 and 3.

### 1. RENTER(S)

Name

Present Address

Name

Present Address (if different)

### 2. LEASING AGENT

Name

Name of Complex

2a. \$ \_\_\_\_\_  
Renter's Total Annual Household Income

2b. \_\_\_\_\_  
Renter's Total Household Size

### 3. MODERATELY PRICED DWELLING UNIT ADDRESS

Address

Type of Unit

Effective Date of Lease

Number of Bedrooms

Apartment Number

Rental Rate

4. I/We, the undersigned, as the renter(s) of the Moderately Priced Dwelling Unit (MPDU) identified above, do hereby certify:

- That the Moderately Priced Dwelling Unit is being rented as my/our primary place of residence. I/We are aware of and understand that Section 25A-8(a) of the Montgomery County Code, 2004, as amended, prohibits me/us from subleasing the property to another tenant unless otherwise permitted in writing by the Department of Housing and Community Affairs; and
- That the household size and total household income reported in Sections 2a. and 2b. Above are correct and true.
- That on the anniversary date of lease signing, I/We understand that I/We will be required to recertify our income and household size to ensure I/We are within the acceptable income limits for my/our household size.. If my/our income(s) exceed the limits for MPDU's, I/We acknowledge that I/We must vacate the MPDU within 90 days of being notified that my/our income(s) exceed the MPDU limits.

SEAL \_\_\_\_\_  
Renter's Signature \_\_\_\_\_ Date \_\_\_\_\_

SEAL \_\_\_\_\_  
Renter's Signature \_\_\_\_\_ Date \_\_\_\_\_

Social Security Number: \_\_\_\_\_  
**REQUIRED**

Social Security Number: \_\_\_\_\_  
**REQUIRED**

*Leasing Agent - Please make a copy for your records and send the original to the MPDU Office.*